Al-Qirtas ARABIC
ISSN Online : 2709-6076
ISSN Print : 2709-6068

The Economic and Social conditions and the challenges encounteredby Health Workers in Okara, Pakistan.

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Abstract
This research aims to provide basic information about female health workers, such as conscription, roles, responsibilities, socioeconomic circumstances, difficulties faced, and advice given by women. A 40% sample frame was used to guide the questionnaire used to collect data from 96 participants. The bulk of the female health workers surveyed was between the ages of 26 and 40 and had matriculated or middle school education. A large number of them were married, had modest families, and were mostly part of nuclear families. Even though the majority of respondents' spouses were in charge of making decisions for their families, they weren't happy with their existing salary. Community members initially showed resistance and hostility against female health professionals because of their poor socioeconomic standing, but sentiments gradually evolved. These workers' children attended government schools, but their low-ranking jobs caused problems in their houses. Many female healthcare professionals encountered harassment and security concerns while doing their duties. The government, the health department, and the female healthcare professionals themselves recommended raising pay. They also advised community members to recognize and honor the difficulties experienced by female health workers, who now deal with socioeconomic, health, and security concerns inaddition to caste- and class-based prejudice. The study underscores the necessity of governmental and community-based endeavors aimed at improving the standing and labor circumstances of female health workers in Pakistan.

Introduction

WHO defines well-being as a complete state of physical, mental, and social well-being, encompassing aspects like body, thoughts, feelings, and relationships with family, work, school, and friends. Public health is the science of preventing, preventing, and promoting health through organized efforts and informed choices. It has had a significant positive impact, resulting in decreased infant and child mortality rates and increased life expectancy worldwide. The Lady Health Workers Programme (LHWP) in Pakistan employs nearly 110,000 women as community health workers, providing reproductive healthcare and basic services. Launched in 1994, the programme aims to improve the health status of women and children in rural villages and poor urban areas. The government merged the Village Based Family Planning Workers scheme with the national program in 2001, adding 13,000 workers. The program aims to increase its workforce

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to 100,000 by 2020, but there is a shortage of managerial staff. The government must ensure adequate training for all cadres to ensure smooth program operations.Lady health workers in Pakistan provide accessible services, improve health facilities utilization, and expand family planning services in urban and rural areas. They also register children and pregnant mothers, provide weight monitoring, and counsel mothers on breastfeeding, family planning, and disease prevention. They organize communities, develop women groups, and register eligible couples.

Study Background

The Lady Health Worker Programme (LHWP) in Pakistan aims to improve women and children's health in rural and urban areas. Launched in 1994, it is funded by the Ministry of Health and implemented by provincial departments. The programme has 1606 LHWs in District Bahawalpur and 248 in Tehsil Bahawalpur. This study focuses on social and economic aspects of the program.

Objectives of the Study

To do the study of the Lady Health Workers that is working in the region of Okara.
to research their jobs, training, and hiring procedures.
To determine the details on the kinds of services they provided.
To ascertain the kind of material that the government is providing in order to carry out the program.
To learn about the socioeconomic conditions and issues facing lady health workers.
To investigate the main reasons behind their issues.
Should review the suggestions made by the Lady Health workers in order to find a solution to their issues.

Literature Review

Health is a condition resulting from the body's constant adjustment and adaptation to maintain homeostasis. The World Health Organization defines health as a state of complete physical, mental, and social well-being, not just the absence of disease or infirmity. Classification systems like the WHO Family of International Classifications measure health components. Health is a balanced condition where vital functions preserve organisms and normal development. Health is also used to describe non-living organizations and their impacts on humans. Factors influencing health include background, lifestyle, economic conditions, and spirituality. High stress levels can affect human health. (WHO. 7April 1948.). Pakistan's Primary Health Care (PHC) is a globally recognized model for providing equitable services, but its health indicators have not improved due to low health seeking behavior and cultural immobility, hindering access to catchment area health facilities. (Hafeez (2011). The concept of using lady members to provide basic health services to communities has a 50-year history, with the Chinese barefoot doctor program being the most well-known. Village health volunteers and communicators have been used since the 1950s in Thailand and other countries, partly due to the success of this movement. (Chen, M. S. (2001).

The 1980s economic recession threatened developing countries' economies, leading to shifts in policy environment. World Bank-driven structural adjustment policies replaced liberation,

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decolonization, democratization, self-reliance, and basic needs approaches. LHW programs collapsed due to new economic inflexibilities, conceptual and implementation problems, and sustainability issues. NGOs and faith-based organizations continued investing in community-based healthcare. (Sanders, 2007). The role involves promoting healthy behaviors, implementing programs, providing social support, advocating for health needs, and offering services like first aid and blood pressure screening, while collecting data to identify community health needs. **(Gilkey, (2011).** The study found that LHWs' referral rate is 55%, but they are dissatisfied with the referral system as they are not given priority at health facilities, affecting their credibility in the community. Priority should be given to their cases. (Bhutta,2008). Yahiya reports that the increase in village health posts resulted in significant health improvements, including a 30% drop in infant mortality within seven years. (Yahiya, 1990). The recruitment and training of lady health workers (LHWs) is based on strict selection criteria, including age, local residency, education, marriage, and community acceptance. They undergo 15 months of basic training at First Level Care Facilities or Tehsil headquarters hospital, followed by Continuing Education Sessions and Annual Refresher Training. The training is conducted in two phases. (Han, 2009).

The quality of care provided by Local Health Workers (LHWs) in Pakistan is maintained through a well-established supervisory network. Around 110,000 LHWs provide primary health care to rural and urban slum areas. They are supplied with basic items, essential drugs, and contraceptives free of cost. The procurement system for these supplies is central, with the government providing the entire budget. The average cost of each LHW is approximately Rs 44,000 per year**.** (Rahman, A. (2007).The study included 50 studies in Africa and 41 in Asia, with most conducted in rural settings. Most programs were run by NGOs or governments. Most LHWs delivered services to people in their homes or communities. Outcomes were reported at the LHW and end-user levels. Contextual factors were discussed, including community, economic context, environment, health system policy, and practice. **(MiMillan,. (2003).**Workers initially faced initial disapproval but now receive respect and listen to their advice. Few faced issues due to lower caste and socio-economic status, but all worked easily in their community. Family feuds caused some issues, but LHWs continued providing services to children. LHWs face home issues, insufficient medicines, and contraceptives shortages. They also face shortages of HMIS instruments and vehicles for tubal- ligation, leading to aggressive client behavior. Many women also face transportation issues due to long distances from health facilities to villages. (-Pakistan, 2002)**.**LHWs can address community issues like sanitation and clean water by developing linkages with local municipal corporations and NGOs. They can lodge complaints and participate in surveillance mechanisms, as seen in the pilot project. **(Afsar, (2005).**

Research Methodology

A detailed outline of how an investigation will take place. A research design will typically include how data is to be collected, what instruments will be employed, how the instruments will be used and the intended means for analyzing data collected. Our social research focused on Tehsil Depal Pur, selecting health centers and lady health workers as geographical and human universes for data collection. The research utilized multistage sampling and proportionate systematic random sampling to select 40% of lady health workers from selected health centers.

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S.No	Health Centres	Union of NO. Council	LHWs	Size Sample (40%)
1	BHU koi Ki Bahawal	137	16	6
2	BHU BEHLOL PUR	121	18	7
3	BHU QILA DEVA SINGH	135	28	11
4	BHU RATTA KHANNA	132	10	4
5	BHU BHON MANZABTA	119	28	11
6	BHU MANCHARIAN	118	36	14
7	BHU DHALYANA	108	32	13
8	BHU ATTARI	104	12	5
9	TOLI PHULLAN BHU KLAN	115	12	5
10	BHU RUKAN PURA	103	29	12
11	BHU MAROOF	100	19	8
	Total		**240**	**96**

Data collection tool

Researchers designed a questionnaire to explore research topics, problems, and questions. The questionnaire was easy to understand, organized into sections, and used simple language. Respondents were literate and easily able to respond or behave against the questions. Pre- testing was conducted on three lady health workers to ensure questionnaire workability before data collection. Some questions were modified or detected during data collection for required information.

Data collection

The study involved six researchers who collected data from health centers and lady health workers. They found 240 lady health workers at 11 centers and union counsels. Data was collected into three categories: first, from three health centers, BHU KOI KI BAHAWAL, BHU RUKAN PURA, and BHU MAROOF, where supervisors and workers treated them humbly. Second, from five centers, BHU MNAVCHARIAN, BHU PHULLAN TOLI KLAN, BHU ATTARI, BHU DHALYANA, and BHU RATTA KHANNA.

Ethical Consideration

Researchers adhere to ethical principles and guidelines during the research process, providing data collection information to selected health centers, ensuring topic selection and questionnaire questions are not harmful, and respondents are free to answer or not answer all questions.

Data collection limitations

The researchers spent a significant amount of time traveling to certain health centers outside of the city in order to obtain information. Unable to perform research at a higher level due to time

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ISSN Print : 2709-6068

and resource constraints. Beyond Pakistan's present economic circumstances and for security considerations, several.

The study, limited to DEPAL PUR due to time and financial constraints, may not apply universally to other areas, but highlights issues faced by LHWs.

Data Analysis:

The study involved collection, editing, categorization, tabulation, and interpretation of raw data using manual and computerized techniques, with detailed analysis resulting in the final study findings.

Results

The data was analyzed using frequency and percentage calculations, revealing demographic variations by Age, Education, Marital Status, Family Type, Monthly Income and Duration of Job providing with descriptive analysis. The data was analyzed using SPSS and presented in tables and pie charts, with frequencies and percentages for easy understanding.

Table: 1 Age

Response	Frequency	Percentage
18-25	4	4
26-40	50	52
41-50	36	38
51-60	6	6
Total	96	100

The majority of respondents, 52%, are aged 26-40, with 38% aged 41-50, 6% aged 51-60, and 4% aged 18-25, according to Table No 1.

Table: 2 Qualifications

Response	Frequency	Percentage
Middle	27	28
Metric	54	56
Inter	9	10
Graduation	4	4
Clinical training	1	1
Other	1	1
Total	96	100

Table 2 reveals 28% middle-class, 56% Metric, 10% Inter, 1% leady health workers, and 1% clinical training, indicating educational improvement is needed.

Table: 3
Marital Status

Response	Frequency	Percentage
Bachelor	7	7
Married	71	74
Divorced	4	4

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ISSN Online : 2709-6076
ISSN Print : 2709-6068

Widow	14	15
Total	96	100

Table 3 shows that 74% of respondents are married, 15% are widows, 7% are bachelors, and 4% are divorced, indicating a majority of the respondents are married.

Table: 4
Family Systems

Response	Frequency	Percentage
Nuclear Family System	64	67
Joint Family System	32	33
Total	96	100

Table 4 shows that 63% of leady health workers belong to the nuclear family system, while 33% belong to the joint family system.

Table: 5 Monthly Incomes

Response	Frequency	Percentage
10000-20000	93	97
21000-30000	2	2
31000-40000	1	1
Total	96	100

Table 5 shows that 97% of leady health workers earn between 10000-20000 monthly, with only 2% receiving between 21000-30000 and 1% earning between 31000-40000.

Table: 6 Duration of Job

Response	Frequency	Percentage
3-4 years	1	1
5-6 years	10	10
7-8 years	21	22
9-10 years	64	67
Total	96	100

Table 6 shows the job duration of 96 respondents, with 67% working 9-10 years, 22% 7-8 years, 10% 5-6 years, and 1% 3-4 years. No new appointments were made in the last two years.

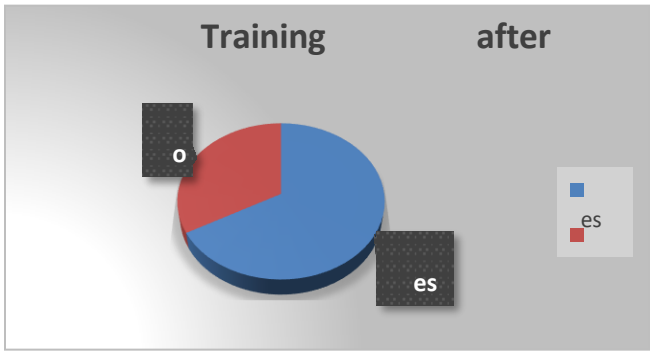

Figure No: 1 Training after Recruitment

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ISSN Online : 2709-6076
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Graph No: 1 shows that 100% of respondents agree that various trainings are conducted to introduce them to new inventions in their field after recruitment.

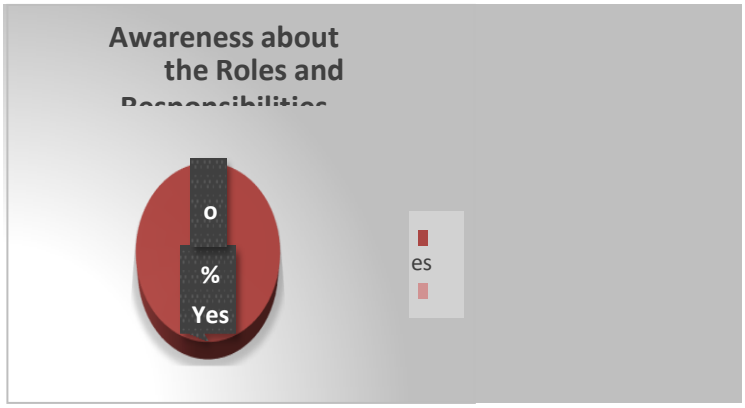
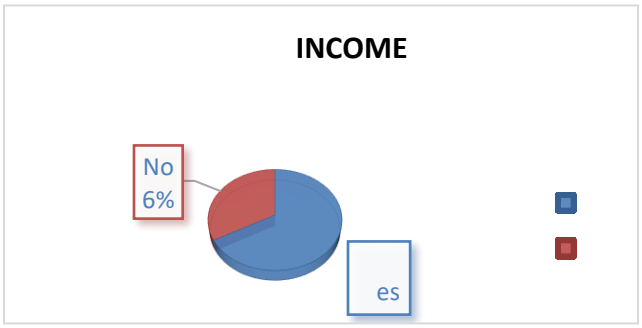


Figure No.:2 Awareness about the Roles and Responsibilities
The above Graph indicates that all leady health workers are well-informed about their roles and responsibilities, and are aware of the specific duties their profession requires.



Income Sufficiency Figure No .3
The majority of respondents (94%) are not satisfied with their income, while 6% receive adequate salary and facilities based on their expenses.
Discussion
The study investigates the social economic issues faced by leady health workers in Tehsil DEPAL PUR. Results reveal that most are 41-50 years old, married, and have 1-3 children, with 4-6 living in nuclear families. The majority of leady health workers are urban, aged 7-8 years, with matriculation as their primary qualification. Many are unemployed, with few having personal interest in the profession. Many are appointed on a permanent basis, but some are Adhoc due to lack of government policies and health department interest. They seek social and economic security and equal rights. Trainings are arranged to increase professional skills and awareness of new medical innovations. These trainings are arranged by the health department and district medical officers, and sometimes by leady health supervisors. However, unemployment remains a

Al-Qirtas
ARABIC
ISSN Online : 2709-6076
ISSN Print : 2709-6068

major issue in this area. Leady health workers face economic problems, earning only 10,000-20000 per year. They lack government support and pay for extra work beyond their hours. Some part-time workers improve their conditions. Most are married, with husbands contributing to their income. The high cost of education prevents many from sending their children to educational institutions.The study reveals that leady health workers work 8-12 hours and often do extra work assigned by the LHS without receiving any additional salary. This extra work disrupts their family life and affects their ability to provide primary care and family planning. Some workers establish unions for better working conditions and raise their voices for their rights, urging the government and health department to address these issues. Lady health workers work in the community, interacting with community members and facilitating their activities. They have friendly attitudes and are easily moved in, but face security issues and harassment. The study reveals that most workers face problems due to lack of facilities, weak social status, and lack of cooperation from community members. They also struggle to obtain necessary medicines, and some lack departmental cooperation. Despite these challenges, they maintain a friendly attitude towards each other. Lady health workers face social and family problems due to their profession, with limited time for family. Most face work-related issues, lack attention to family matters, and neglect their children's education. Social activities are also neglected, with many engaging in holy worship, visiting relatives, or watching TV during leisure time. Some are satisfied with their routines.

Conclusion

This study investigates the socioeconomic conditions and problems faced by female health workers in DEPALPUR Tehsil. The research, conducted by students of the Social Works department, aimed to understand their roles, responsibilities, and socioeconomic conditions. The majority of respondents were aged 26-40, married, and living in small families. Many were unemployed and were appointed based on education. 97% of respondents were not satisfied with their salaries, and their husbands were not satisfied with their income. The study found that many women felt home disturbance due to their low job rank, and many-faced security issues during service provision. The findings can be useful for government policies and institutions working on maternal and child health care. The research identifies the program's strengths and weaknesses, as well as the performance of Lady Health Workers, and provides recommendations for those concerned. The government should create a comprehensive policy outlining roles and responsibilities and accurately outlining their duty timings. The government should conduct national, international, and provincial research studies to investigate the socio-economic conditions and problems of Lady Health Workers, as demonstrated in the study. Community members should respect Lady Health Workers and avoid hate and discrimination based on religion, class, profession, or caste. Civil society organizations and media should advocate for the rights of women in health work to the community and the government.

The government should enhance its knowledge, skills, abilities, and psychological support to manage the community during emergencies effectively. The research study suggests that Lady Health workers should work diligently with honesty to secure favorable government packages and maintain respectful community social status. The government and the Health department need to increase the salaries of LHWs and also suggest community people give owing regard to the lady health workers presently are facing many socio-economic, health, and

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ISSN Online : 2709-6076
ISSN Print : 2709-6068

security problems as well as are being discriminated based on class, caste, Government and community should take initiatives to improve the status and working conditions of lady health workers in Pakistan.

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